S. No. 2
I—4-13-40
v. 5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944 18

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23435

Registrar's No. 6526

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O St. Marys Inf.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D10sDs.
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County St. Clair 11

(c) City or town E. St. Louis, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2615 Tudor Ave. N.R.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Elijah Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 24 (Day) 1907 (Year)

8. AGE: Years 37 Months 5 Days 28 If less than one day hr. min.

9. Birthplace E. St. Louis, Ill. 1
(City, town, or county) Louis, (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Oscolo Smith
13. Birthplace Ala. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mamie Edwards
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant William Smith
(b) Address 1813 Trendley Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director [illegible]
(b) Address 5517 Cachelo Ave

19. (a) JUL 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22
year 44 hour 2 minute 05 P M.

21. I hereby certify that I attended the deceased from 7.1.44, 19__, to 7.22.44, 19__;
that I last saw h__ alive on 7.22.44, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Acute — Duration 2 mos

Due to

Due to 93

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Aford (M.D. or other)
Address 1421 Kansas Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.